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ABSTRACT

This report describes the activities of Oregon's 25 high school-based health centers between 1992 and 1994. Information is provided on funding sources, services offered (including general medical services and reproductive health, mental health, health promotion services, and hours of operation), staffing (including levels of staffing and training), advisory boards, family involvement, and statistics on teens. The report also describes typical teenage health problems and school-based solutions, focusing on access to health care, pregnancy and sexually transmitted diseases, substance abuse, and suicide, depression, and violence. An appendix provides 1992-94 data on service use and profiles of each of the 25 school-based health centers. Each profile contains information on the administering agency, funding, services provided, and parental consent guidelines. (MDM)

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SCHOOL-BASED HEALTH CENTERS

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1992-1994 SERVICES REPORT
Oregon Health Division

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This report was prepared by the Oregon Health Division, Center for Child and Family Health. The report was written by Robert J. Nystrom, Oregon Making the Grade Program Coordinator, and Tammis Alexander, Adolescent Coordinator, with the cooperation of the Oregon School-Based Health Center Network. May, 1995.

INTRODUCTION

We have the facts. **School age children are at risk for a wide variety of health problems**, ranging from poor nutrition and lack of immunizations, to substance abuse, unplanned pregnancy, violence and suicide. One in five adolescents today has at least one serious health problem. By the age of fifteen, a quarter of all adolescents are engaged in behaviors like smoking, substance abuse and unprotected sex that put them at risk for serious disease.

Last year in Oregon nearly 30 % percent of 8th graders and 42 % of 11th graders said they had used alcohol in the past month. Tobacco use was on the increase for both grade groups. In 1993, 7,761 pregnancies were reported among teens 19 years of age and younger and less than 60 % of all teens reported that they had used a condom when they last had intercourse for protection against HIV and other sexually transmitted diseases and pregnancy prevention. Nearly one in four males and females in grades 9 through 12 reported they had seriously considered suicide during the past 12 months.

These health problems are linked to poor school attendance, low achievement, lack of self esteem and other problems that keep students from succeeding.

School-based centers work because they are located where teens are located. It is this **easy access** that is the cornerstone of the school-based health center model. Recent surveys and evaluations consistently confirm that Oregon teens cite **accessibility** ("it is easy to get to") as a key reason why they use school-based health centers.

School-based health centers work because they take a **holistic, integrated** approach to meeting the needs of teens. Services are designed to address the multiple problems teens face, not just to meet their medical care needs. School-based health center staff report over and over again that teens come in asking for an aspirin...and leave having gotten help with the fact that they have been abused, or are on drugs, or are having unprotected sex. Recent surveys and evaluations indicate that Oregon teens are highly satisfied ("like very much") the services they receive at school-based health centers.

School-based health centers work because they are **prevention-oriented**. Health center staff can help teens at the first sign of a problem. Staff members offer intensive, individual attention, making each teen feel special and important. This positive attention from a caring adult before serious problems develop is an alternative to teen parent programs, services for delinquent teens, and other programs that deal with problems after they occur. Recent surveys and evaluations consistently demonstrate that the Oregon teens **most at risk** for health-compromising behaviors are more likely to use center services, thus creating an opportunity for earlier intervention and prevention of future, more serious, problems.

OREGON'S SCHOOL-BASED HEALTH CENTER COMMUNITY

The Sites

Twenty-five school-based health centers in thirteen counties serve Oregon students grades K-12:

(bold) Centers that receive state funds)
(❖) Federal Preventive Health Block Grant
(*) Multnomah County Funding

Baker County
Baker High School

Benton County
Philomath Elementary School
Monroe Elementary School

Clackamas County
Oregon City High School

Douglas County
Roseburg High School

Jackson County
Ashland High School
Crater High School

Josephine County
Illinois Valley High School (❖)

Lane County
North Eugene High School
South Eugene High School
Sheldon High School
Winston Churchill High School

OREGON SBHC NETWORK

Lincoln County
Taft High School
Toledo High School

Marion County
Woodburn High School

Multnomah County
Cleveland High School*
Grant High School
Jefferson High School
Madison High School*
Marshall High School*
Parkrose High School*
Roosevelt High School*

Union County
LaGrande High School

Washington County
Merlo Station High School

Yamhill County
Willamina High School

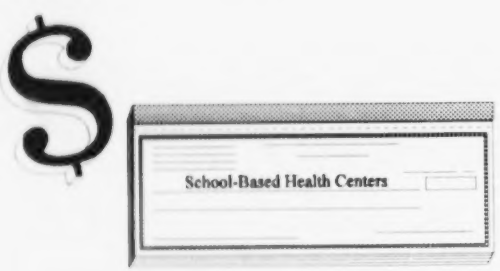
The Funding

Thirteen school-based health centers receive state general funds from the Oregon Health Division (see list on page 2) and one center receives Federal Preventive Health Block Grant Funds(❖). A brief individual description of each of these centers is found in the Appendix. For the 1991-93 biennium, funding averaged $28,000 per health center per year. This was a reduction from the previous biennium of $44,000 per health center as a result of statewide budget cuts. The 1993-95 biennium funding restored previous cuts and returned core health center funding to approximately $50,000 per health center per year.

Funding sources of state and other centers in operation in Oregon are variable. In some communities, the state funding is supplemented with county general funds or with school district funds. Special grants, fund raising events, Medicaid reimbursement, medical providers, and other community partners help cover expenses. Five school-based health centers are funded entirely by Multnomah County. Another center is primarily funded and staffed by the Oregon Health Sciences University, while new federal or private dollars have been solicited or attracted to open other centers. Regardless of the start-up or initial funding source(s), continued operational funds are a concern for all centers and are generally viewed as a joint responsibility of multiple community partners.

The Oregon Department of Human Resources during 1994-95, and continuing into 1995-96, has participated in a state-level strategic planning process utilizing funding from

the Robert Wood Johnson Foundation. At the heart of this effort is an opportunity to examine long-term financing issues and strategies to stabilize school-based health center funding within the public and private health care delivery systems. It is hoped that policy development, modeling, and experience gained in this area will create fresh opportunities for interested communities to pursue development of school-based health centers serving new students in K-12 settings.



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The Services

General medical services related to acute and chronic conditions

The majority of visits to school-based health centers are for the treatment of acute illnesses and injuries or for the management of chronic conditions.

Students come to the health centers with headaches, abdominal pain, colds, sprains, and urinary tract infections. They come for sports physicals, immunizations, and management of chronic conditions such as diabetes and asthma. When the care needed extends beyond the licensed professional scope of practice, the health center staff helps arrange for additional care.

Reproductive health services

Each health center offers a range of reproductive health services including diagnosis and treatment of sexually transmitted diseases, help with menstrual problems, pregnancy tests, and family planning information and referral.

Some health centers also provide comprehensive family planning services including pelvic exams and prescriptions for contraception. Since the 1991-92 school year, health centers are also allowed to dispense contraceptives, including condoms. As of this writing, health centers located in Portland Public Schools dispense condoms on an appointment basis and they currently may prescribe but not dispense other contraceptives. No other health centers dispense any contraceptives. Some are exploring the possibility with their communities.

The emphasis on the use of condoms as a primary strategy for prevention of sexually transmitted diseases (STDs), apart from the contraceptive benefits to prevent unintended pregnancies, needs to be revisited and fully discussed at the community level. For those students who indicate that they are currently sexually active, condom distribution to prevent STDs is a compelling factor to consider when defining necessary and potentially life-saving primary care school-based health center services for youth.

In health centers where family planning services are limited to information and referral, students are referred to the local health department or to a private provider for further service.

Mental and emotional health services

Each health center also provides a range of mental and emotional health services. Services include individual counseling, support groups, and referrals to other community services. Some health centers have a part-time mental health counselor on-site, generally funded by the school district or with county mental health funds.

Professionals currently working in school-based health center settings consistently identify mental health services as an area of increasing need and suggest expansion of services to children, youth, and their families as a planning priority.

A recent survey of school-based health center users indicated that teens at risk for multiple health-compromising behaviors are more than twice as likely to seek services at the center than with an outside medical provider, demonstrating the importance of mental health services in school-based health center settings.

Health Promotion

Health promotion is an integral part of all health center services. Students are taught to become aware of how their behavior affects their health as well as the role of personal responsibility in maintaining good health. Individual encounters in the school-based health center are as much an educational opportunity as they are a primary care visit. Health promotion and early intervention of health-compromising behaviors or practices is as much a part of a student's visit as is the treatment of the presenting problem or condition.

Staff members provide classroom and community presentations on topics such as AIDS, nutrition, and smoking. Health center staff also sponsor support groups on topics such as smoking cessation. The active participation of school-based health center staff in the development of health curriculum and other health promotion activities is seen as a positive and beneficial outreach strategy to improve long-term health outcomes for all involved.

The Hours

Students can be seen on either a scheduled or a drop-in basis. Prior to the 1991-92 school year, health centers were generally open every school day for most of the day. However, cuts in general fund support to the school-based health center program for the 1991-93 biennium, as well as constraints in local funding, resulted in reduced hours in several of the health centers. While funding was restored for the 1993-95 biennium it is important to remember that reductions in funding translate directly into reduced numbers of students served and levels of care of students.

The Staff

Health centers are routinely staffed with an office assistant and a nurse or a nurse practitioner. Other health professionals, such as mental health or alcohol and other drug counselors, may also have on-site office hours for assessment, education, or primary care services.

The **office assistant** is responsible for scheduling appointments, maintaining supplies, compiling health center statistics, and

providing general clerical support. As the first person teens see when they enter the health center, the assistant also plays a vital role in helping to make teens feel comfortable in the health center.

In some health centers, the office assistant is also trained as a medical assistant and assists the nurse or nurse practitioner by taking medical history information, weighing and measuring, and collecting laboratory specimens.

The **nurse** acts as a liaison between the health center, the school administration and faculty, and the local health department. The nurse works closely with parents, the advisory board, and the community at large and also works directly with students providing primary health care. In health centers without a practitioner, the nurse refers the student to outside sources for primary health care needs in accordance with practice limitations.

The **nurse practitioner** provides primary health care for the students, performing physical examinations, diagnosing, treating, and writing prescriptions in accordance with license practice limitations. The practitioner may refer the student for specialized care or consult with the student's private physician. In health centers without a nurse, the practitioner also provides the liaison function.

Advisory Boards

Each school-based health center has an **advisory board** made up of parents, teachers, students, health care providers, and community and religious leaders. Members represent a broad spectrum of community views and values.

Boards develop and review policy, brainstorm program improvements, plan health center events, and serve other functions, all to assure that the health center is designed and developed to meet the needs of the community.

Family Involvement

All health centers strongly encourage teens to involve their parents in their health care. Each health center provides information about health center services to parents, and parents are welcome to call or visit the health center. Two recent surveys provided valuable parent feedback to both program planners and community members. It was found that communication between parents and youth who use school-based health centers, regarding both their health concerns and decisions, is very high. Also, parents of center users were supportive of centers in general; very satisfied with the quality of care their children received; and advocated expansion of services based on those experiences. Parents of children who were non-users indicated it was

generally due to having access to other providers and not due to negative perceptions of the school-based health centers. In fact, parents of non-users also supported the existence of centers and advocated for expansion of services.

By Oregon law, teens 15 and older may obtain health services without parental consent. Also by Oregon law, minors of any age may receive family planning and sexually transmitted disease services without parental consent.

Some health centers provide services without parental consent as allowed by these laws, though parental involvement is still encouraged whenever possible. Other health centers will provide services only when the student has a parental consent form on file.

The Teens Themselves

Teens in high schools with health centers use the health centers.

During the 1992-93 school year, 6,361 students were seen in the fourteen school-based health centers receiving state (**bold**) or Federal Block Grant (✦) funding [see list page 2]. The number of students served increased to 6,823 in the 1993-94 school year. The number of visits to use center services by these students increased from 24,671 to 26,927 during the same time period.

In examining the last full service year (1993-1994), the number of students seen increases to 9,985 for a total of 40,471 visits if the five Multnomah County school-based health centers *not receiving state funding* (see * page 2) are combined with those centers that do. Data on the six remaining school-based health centers is not available at this time.

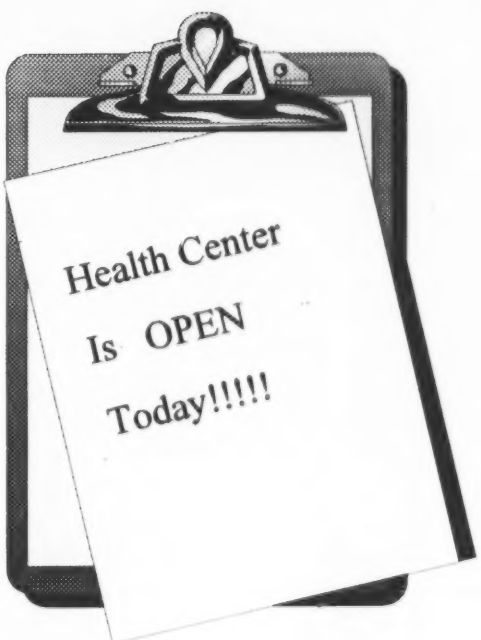
Nearly half (47%) of all students use school-based health centers when they are present in their schools. A recent Oregon survey indicates that **as many as 28% of teens who use school-based health centers may not have access to other suitable health care.** A 1990 baseline study indicated the majority of all students who use center services are low-income students. Of those students who knew their families were without private health insurance, 68% reported they had used health center services. Of students with other low-income indicators such as receipt of Food Stamps or AFDC, 60% reported using the health centers.

School-based health centers serve those students who engage in high-risk behaviors.

The highest-risk students--those smoking, drinking, using drugs, having sex, feeling depressed, or attempting to hurt themselves--are seen in school-based health centers in higher proportion than other students in their school. This gives the health center staff an opportunity to offer health education and guidance to these students.

TEEN HEALTH PROBLEMS... AND SCHOOL-BASED HEALTH CENTER SOLUTIONS

Statistics for Oregon teens show the serious health problems they face. Reports from the front line in Oregon's school-based health centers show that, teen by teen, health centers are helping young people successfully deal with these problems.



OREGON SBHC NETWORK

A Story from an Elementary School-Based Health Center Operating in Oregon

An eight-year-old boy was diagnosed with Attention Deficit Disorder with Hyperactivity (ADHD) and oppositional defiant disorder after his family was ordered to receive counseling due to an abuse incident. Recommendation for a complete physical and medication could not be followed due to lack of medical insurance and too much income for Oregon Health Plan eligibility. The physical exam was conducted at the SBHC, and a Community Outreach physician was contacted to assist in obtaining necessary medication. Meetings with the family, school staff, and physician were coordinated at the School-Based Health Center. The boy began medication with regular monitoring by the center staff.

Improvement in the boy's behavior has significantly contributed to increased tranquility at home, resulting in less risk of abuse. In the classroom he is able to concentrate on his school work, resulting in much improved performance and greater self-esteem. The newly created Community Outreach Clinic and School-Based Health Center partnership was very successful and will likely be used again in the future.

Access to Medical Care

The Problem

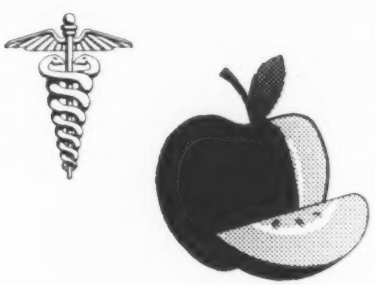
An estimated 14% of all children (age 0-17) do not have economic access to health care. Additionally, teens where both parents work may not seek services because no one is available to transport them.

A recent survey indicated that users of school-based health center services were nearly twice as likely to be on Medicaid and over four times more likely to have no health insurance compared to non-users of center services.

Even for teens with health insurance, there is limited availability of health and medical practitioners who are trained and committed to working with teens and who are experienced and focused on developmentally sensitive adolescent health care.

FACTOID

Through SBHCs, 4,928 students have received Hepatitis B vaccine free of charge. Access to and tracking of students by SBHCs to successfully administer the series of three shots makes the completion rate very high, over 80%, for a population which is traditionally difficult to follow up in other primary care settings.



FRONTLINE STORY

A 17-year-old student began her series of three shots for Hepatitis B protection at the SBHC. Due to some problems at home, her family was forced to move to another county to live with another family member. Although follow-up forms were sent on to the other county, the student encountered difficulty finding out "who to talk to" and "where and when" she needed to go for the second shot in the series. Completing the series was important to her, so she returned to her old community and the SBHC to obtain the second shot. The student will once again try to access services in their new community for the third shot in the Hepatitis B series, but indicated she would come back to the SBHC once again if necessary.

FRONTLINE STORY

A student arrived in the SBHC with complaints of a sore throat, pain with swallowing, and chills for 3 days. Although her family had private insurance, it was only for major medical with a high deductible. She explained that her mother had asked her to get checked at the center and then, "if she was really sick" she would get her a doctor's appointment. They were still paying off her visit to an urgency care center two months earlier for a bronchial infection and "couldn't really afford another bill" The student was examined and a strep test was done. She was diagnosed with strep throat, provided with antibiotics and information on self-care, and sent home from school until she was no longer contagious.

Pregnancy and Sexually Transmitted Diseases

The Problem

In 1993, there were 2,858 pregnancies reported among Oregon female youth ages 15-17 with 169 pregnant girls age 10-14.

The 1993 Oregon teen pregnancy rate was 18.2 per one thousand females age 10-17.

In 1994 , 39% of all chlamydia infections, 31 % of all gonorrhea infections, and 5% of all primary and secondary syphilis infections in Oregon were among teens age 15-19.

In 1994, 18% of all AIDS cases reported in Oregon were among young adults 20-29. Because of the long incubation period, we can assume that 1 in 5 became HIV-infected as teenagers.

FACTOID

It's Young Men Who Become Fathers

In Oregon, a large percentage of the fathers of children born to teen mothers are not teens themselves. In fact, the younger the adolescent mother, the greater the age difference between the parents. Of reported cases, among mothers under 17, the majority of fathers are four or more years older; among teen mothers 17-19, more than 40% of the fathers are four or more years older(*). Young men who become unmarried fathers are more likely to have low academic skills, to have dropped out of high school, and to have a history of unemployment. More than half of unwed fathers age 19-26 had to depend on or live with one or both of their parents. *(* Note: a large percentage of teen mothers do not report information about the age of the father.)*

FRONTLINE STORY

A student came to the SBHC eight different times over a three-month period with assorted complaints including coughs, colds, headaches and stomach pains, before finally acknowledging that she had been having unprotected sex for six months. She had not discussed her sexual activities with her parents and she thought although they would want to know, they would likely disapprove but support her in practicing safer sex. She was encouraged to talk with her parents and counseled on the physical and emotional risks associated with sexual activity too early. She was found not to be pregnant but was diagnosed with Chlamydia, treated, and referred to the local family planning clinic. Three months later the student reported successfully discussing some of her sexuality issues with her mother and using birth control regularly.

FRONTLINE STORY

A sexually active girl came to the center in her urban high school worried about becoming pregnant. She was very concerned that her mother would find out if she began taking birth control pills. Both of her older sisters had become pregnant in high school, and she did not want this to happen to her. After several visits to the center to talk to the nurse about her situation, the student was able to discuss birth control with her mother. Her mother supported her decision. The student had a family planning exam and received a prescription for birth control pills at the center. She was able to have the prescription filled at the local health department.

Smoking, Alcohol, and Drugs

The Problem

Of 11,564 Oregon sixth, eighth and eleventh grade students in the 1994 Public School Drug Use Survey, 6.3, 18.9, and 24.7%, respectively, reported monthly use of cigarettes [3.9, 10.9, and 16.3% for smokeless tobacco].

In 1993, of 2,620 students participating in the Oregon Youth Risk Behavior Survey, 21% of ninth graders and 33% of 12th graders reported having 5 or more drinks on a single occasion during the past 30 days.

From 1992 to 1994, the percentages of eleventh and eighth graders reporting recent (30 day) use of marijuana increased by 21% and 69% respectively.

FRONTLINE STORY

Early in the school year, a 12th grade girl visited the SBHC complaining of dizziness and panicky feelings. She was concerned because she had a heart defect as an infant. The nurse practitioner at the center encouraged the girl to talk to her mother about seeing a cardiologist. In talking further to the girl, the nurse practitioner learned that she smoked, drank alcohol, and took other illicit drugs. The practitioner worked with the girl to help her understand the effect the various substances she was abusing might be having on her body. As a result of the nurse practitioner's urging, the girl's mother had her seen by a cardiologist who assured them that the heart defect had healed. The girl also stopped smoking, drinking, and using drugs. Her symptoms disappeared.

ANOTHER FRONTLINE STORY

A fourteen-year-old male was referred to the SBHC because of a teacher's concern about his chronic bronchial cough, red bloodshot eyes, and overall lack of energy. After taking an initial medical history that seem to exclude any history of asthma or allergies, when asked, the student admitted to smoking cigarettes and marijuana, and using other drugs - on a weekly and sometimes daily basis as of late. He admitted being worried about his recent use and afraid that his parents would find out. The nurse practitioner convinced the student to talk to the schools student assistance counselor about group support to help students who would like to be alcohol and other drug free. Six months later, the student was still smoking cigarettes, but abstinent from alcohol and any other drug use for four continuous months. With the help of the student assistance counselor, his parents now knew he was attending the group at school. They agreed to support his self-help efforts, but said they would arrange for further assessment and treatment if he was not able to successfully remain drug free or if it was recommended by the school counselor anytime in the future.

FACTOID

In a 1994 survey of Oregon youth, the difference between those who have "no best friends" who drink and those with "four best friends" who drink is a nine fold increase [8% to 71.6%] in the risk of the respondent also drinking alcohol.

Suicide, Depression, and Violence

The Problem

In 1993, suicide was second only to unintentional injuries as the leading cause of death among Oregonians 15-24.

In 1993, 723 Oregonians under the age of 17 made a suicide attempt serious enough to require hospital treatment. There were 24 deaths from suicide in this same age group.

In 1993 an estimated 38,000 Oregon high school students considered suicide during the year preceding the survey. Another 15,000 attempted suicide and 4,600 were treated for their attempts.

In 1994, 33 Oregon children died of abuse and neglect and 7,946 Oregonian children and youth aged 0 -17 were victims of reported child abuse.

The number of Oregon high school students who carried a weapon at least once during the 30 days prior to the survey increased from approximately one in four (25.9%) in 1991 to nearly one in three (32%) in 1993.

FRONTLINE STORY

A sixteen-year-old boy attending a rural Oregon high school made repeated visits to the SBHC for treatment of hand injuries that occurred when he punched walls in fits of anger. In addition to treating his hand injuries, the center staff worked with him on anger management techniques. The center was a place he could come when he was angry; they even had a pillow he could punch if he needed to. One day the staff found a note pinned to the pillow. "Thanks a lot," the note said. "My hands thank you too."

AND ANOTHER...

A 17-year-old student who came in for recent help with a health concern has been seeing the health center nurse practitioner since the girl was 12 years old. Last year the girl's parents, both alcoholics, moved out of the area, leaving her to fend for herself. The girl has been living with her boyfriend, and moving from place to place, in recent months. Why does she see the nurse in the SBHC ? "I feel comfortable with (the nurse); I don't feel comfortable talking to anyone else." The girl indicates the center is one of her few safe havens. There are some kids who don't even have a family and who are completely on their own...

FRONTLINE STORY

A very agitated 15-year-old student came into the clinic. He was having difficulty talking with his family about the pressures he was feeling. His worries included money, relationships, and school. He admitted to suicidal thoughts. The health center staff helped him explore his feelings and resources for obtaining assistance. He agreed not to harm himself, was put in touch with supportive family members and referred for mental health therapy. By the next year he had completed therapy, no longer exhibited signs of depression and agitation, and was doing well in school.

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Note: *Anecdotal information provided by members of the Oregon School-Based Health Center Network. Names and some details modified to protect confidentiality.*

APPENDIX

State Funded
School-Based Health Center Service Data

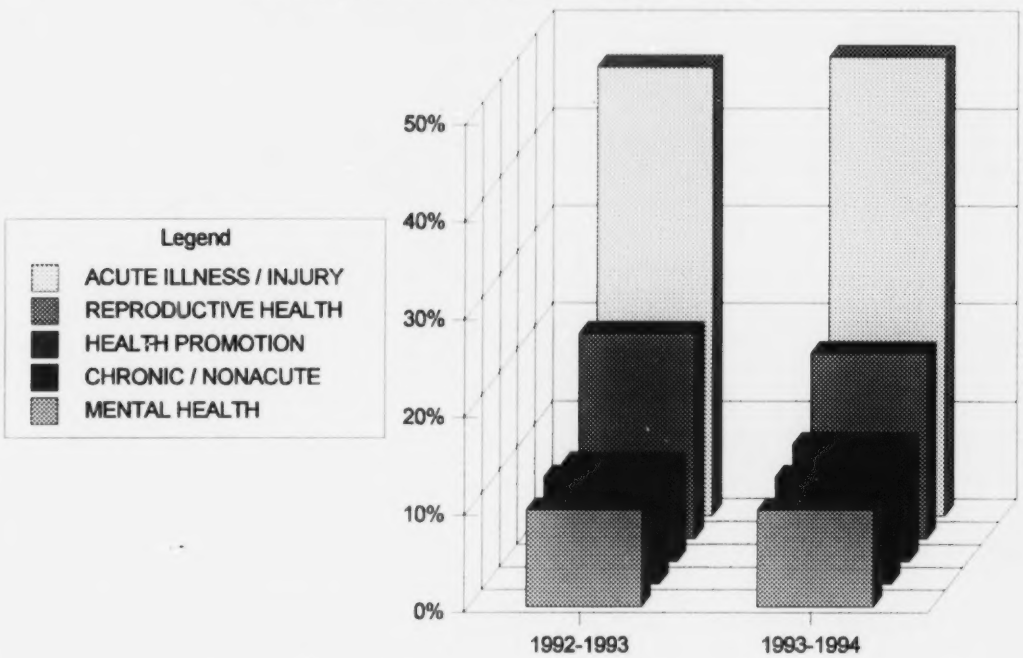
Services Comparison 1992 to 1994
Services 1993-1994
Services 1992-1993

State Funded
Health Center Profiles

Ashland High School
Baker High School
Crater High School
Grant High School
Illinois Valley High School
Jefferson High School
La Grande High School
North Eugene High School
Oregon City High School
Roseburg High School
South Eugene High School
Taft High School
Toledo High School
Willamina High School

SCHOOL-BASED HEALTH CENTERS

SERVICES COMPARISON - 1992 TO 1994

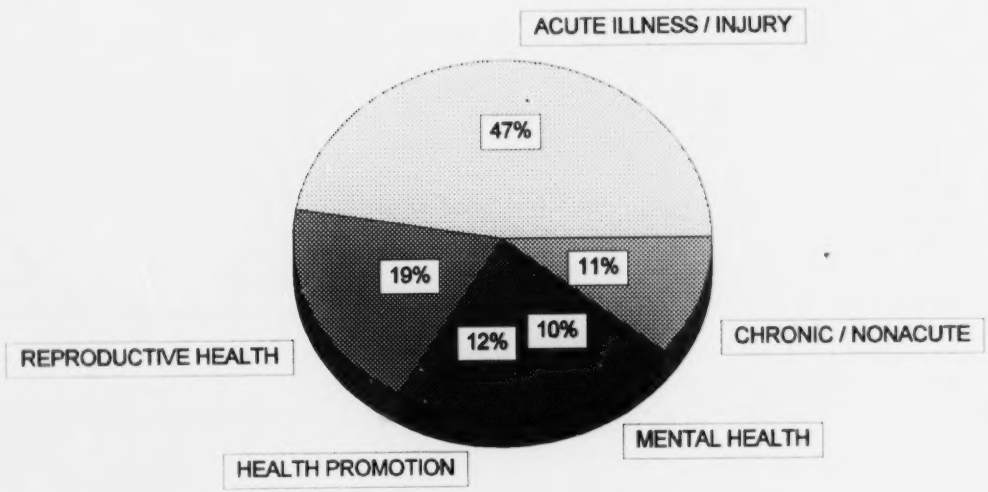


TOTAL CLIENTS:	13,184	1992-1994
TOTAL VISITS:	51,598	1992-1994

BASED ON FOURTEEN SCHOOL-BASED HEALTH CENTERS THAT RECEIVE STATE GENERAL FUNDS OR FEDERAL PREVENTIVE HEALTH BLOCK GRANT FUNDS

SCHOOL-BASED HEALTH CENTERS

1993-1994 SERVICES

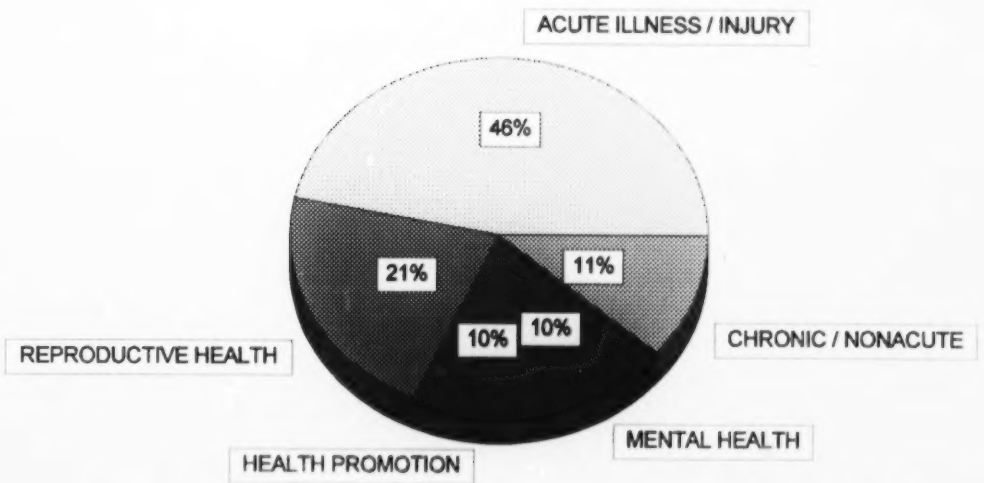


TOTAL USERS: 6,823 [41% MALE, 59% FEMALE]
TOTAL VISITS: 26,927

BASED ON FOURTEEN SCHOOL-BASED HEALTH CENTERS THAT RECEIVE STATE GENERAL FUNDS OR FEDERAL PREVENTIVE HEALTH BLOCK GRANT FUNDS

SCHOOL-BASED HEALTH CENTERS

1992-1993 SERVICES



TOTAL USERS: 6,361 [42% MALE, 58% FEMALE]
TOTAL VISITS: 24,671

BASED ON FOURTEEN SCHOOL-BASED HEALTH CENTERS THAT RECEIVE STATE GENERAL FUNDS OR FEDERAL PREVENTIVE HEALTH BLOCK GRANT FUNDS

ASHLAND HIGH SCHOOL CENTER

Administered By: Jackson County Health and Human Services Dept.
1005 E. Main St.
Medford, OR 97504
(503) 776-7306

Funded By: Oregon Health Division
Ashland School District

Services Provided: General medical services
Family planning exams
Mental health services from school district counselor
Health promotion activities
HIV counseling and testing

Parental Consent: Required for all services

BAKER HIGH SCHOOL CENTER

Administered By: Baker County Health Department
2610 Grove St.
Baker City, OR 97814
(503) 523-8211

Funded By: Oregon Health Division

Services Provided: General medical services
Family planning exams and prescriptions
Mental health information and referral
Health promotion activities
Middle school services, one hour daily

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

CRATER HIGH SCHOOL CENTER

Administered By: Jackson County Health and Human Services Dept.
1005 E. Main St.
Medford, OR 97504
(503) 776-7306

Funded By: Oregon Health Division
Crater School District

Services Provided: General medical services
Family planning exams
On-site mental health counselor
Health promotion activities
HIV counseling and testing

Parental Consent: Required for all services

GRANT HIGH SCHOOL CENTER

Administered By: Multnomah County Health Department
426 S.W. Stark Street - 8th FL
Portland, OR 97204
(503) 248-3674

Funded By: Oregon Health Division
Multnomah County Health Department

Services Provided: General medical services
Family planning exams and prescriptions
Condom dispensing by appointment
On-site mental health counselor (full-time)
Health promotion activities

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

ILLINOIS VALLEY HIGH SCHOOL

Administered By: Josephine County Health Department
714 N.W. A Street
Grants Pass, Oregon 97526
(503) 474-5325

Funded By: Oregon Health Division

Services Provided:
General medical services
Reproductive health services
Physical exams, wellness promotion, prevention programs
HIV and STD testing & counseling
Nutrition education and weight management
Mental health services and counseling

Parental Consent: Support and encourage parental involvement in the decisions about a students health care needs. Follow Oregon law (required under 15 years except for pregnancy testing and treatment of sexually transmitted diseases).

JEFFERSON HIGH SCHOOL CENTER

Administered By: Multnomah County Health Department
426 S.W. Stark Street - 8th FL
Portland, OR 97204
(503) 248-3674

Funded By: Oregon Health Division
Multnomah County Health Department

Services Provided:
General medical services
Family planning exams and prescriptions
Condom dispensing by appointment
On-site mental health counselor (full-time)
Health promotion activities

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

LA GRANDE HIGH SCHOOL CENTER

Administered By: Union County Center for Human Development/
Public Health Service
1100 "K" Ave.
La Grande, OR 97850
(503) 1-800-452-8639 or 962-3645

Funded By: Oregon Health Division

Services Provided: General medical services
Family planning information and referral
Mental health services from school district counselor
Health promotion activities

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

NORTH EUGENE HIGH SCHOOL CENTER

Administered By: Eugene School District 4J
200 North Monroe Street
Eugene, OR 97402
(503) 687-3123

Funded By: Oregon Health Division
Eugene School District 4J
Congregational Church
Maternal Child Health Bureau
March of Dimes
United Way

Services Provided: General medical services
Group support counseling
Family planning information and referral
Mental health information and referral
Health promotion activities
Women's health care

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

OREGON CITY HIGH SCHOOL CENTER

Administered By: Clackamas County Public Health Division
1425 South Kaen Road
Oregon City, OR 97045
(503) 655-8471

Funded By: Oregon Health Division
Clackamas County Public Health Division
Oregon City School District

Services Provided: General medical services
Family planning information and referral
Mental health information and referral
Health promotion activities

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

ROSEBURG HIGH SCHOOL CENTER

Administered By: Douglas County Health Department
621 W. Madrone
Roseburg, OR 97470-3093
(503) 440-3500

Funded By: Oregon Health Division
Roseburg School District

Services Provided: General medical services
Smoking cessation program
Family planning information and referral
On-site mental health counselor (part-time)
Prevention education related to high risk behavior

Parental Consent: Required for all services

SOUTH EUGENE HIGH SCHOOL CENTER

Administered By: Eugene School District 4J
200 North Monroe Street
Eugene, OR 97402
(503) 687-3123

* under contract from Lane County Health Dept.

Funded By: Oregon Health Division
Eugene School District 4J
Youth Development Commission (91-92 only)

Services Provided: General medical services
Family planning information and referral
Mental health information and referral

Parental Consent: Encouraged but follow Oregon law (required under 15 years except for family planning and sexually transmitted disease services)

TAFT HIGH SCHOOL CENTER

Administered By: Lincoln County Human Services Department
255 S.W. Coast Highway
Newport, OR 97365
(503) 265-4112

Funded By: Oregon Health Division
Lincoln County Human Services Department

Services Provided: General medical services
Family planning information and referral
On-site mental health counselor (part-time)
HIV testing
Health promotion activities
Sexually transmitted disease exams and treatment

Parental Consent: Required except for family planning, treatment of sexually transmitted diseases

TOLEDO HIGH SCHOOL CENTER

Administered By: Lincoln County Human Services Department
255 S.W. Coast Highway
Newport, OR 97365
(503) 265-4112

Funded By: Oregon Health Division
Lincoln County Human Services Department

Services Provided: General medical services
Family planning information and referral;
On-site mental health counselor (part-time)
On-site Alcohol and Drug counselor (part-time)
HIV testing
Health promotion activities
Sexually transmitted disease exams and treatment

Parental Consent: Required except for family planning, treatment of sexually transmitted diseases

WILLAMINA HIGH SCHOOL CENTER

Administered By: Yamhill County Health & Human Services Department, Public Health Division
412 North Ford Street
McMinnville, OR 97128
(503) 434-7525

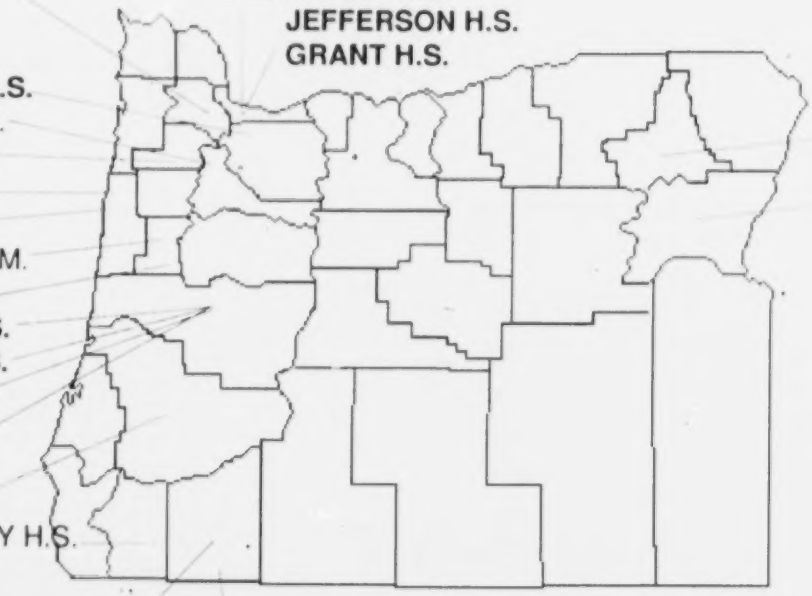
Funded By: Oregon Health Division, school district

Services Provided: General medical services
Family planning information and referral
Mental health information, referral, and counseling
Health promotion activities
Regular clinics serving high school and Middle school

Parental Consent: Required except for treatment of sexually transmitted diseases

OREGON

SCHOOL-BASED HEALTH CENTERS - 1994



MERLO STATION H.S

* ROOSEVELT H.S.
* MARSHALL H.S.
* PARKROSE H.S.
* MADISON H.S.
* CLEVELAND H.S.

JEFFERSON H.S.
GRANT H.S.

OREGON CITY H.S.
WOODBURN H.S.
WILLAMINA H.S.
TAFT H.S.
TOLEDO H.S.
PHILOMATH ELEM.
MONROE ELEM.
NO. EUGENE H.S.
SO. EUGENE H.S.
SHELDON H.S.
CHURCHILL H.S.

ROSEBURG H.S.
#ILLINOIS VALLEY H.S.

CRATER H.S.
ASHLAND H.S.

LA GRANDE H.S.

BAKER H.S.

Bold	State Funded
*	County Funded
#	Federal Block Grant
Plain	Other Funding

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OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION
CENTER FOR CHILD AND FAMILY HEALTH

CHILD AND ADOLESCENT HEALTH SECTION

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